

No Child Left Behind (NCLB)
Parent's Right to Know Request Form

Student's Name: _____
(Child's) Last Name First Name MI

School Name: _____

Parent's Name: _____
Last Name First Name MI

Parent's Address: _____

City : _____ State: _____ Zip: _____ Contact #: (____) _____ - _____



I am requesting information on my child's teacher(s) and/or paraprofessional(s) named below:
(Please indicate the last name, first name of the teacher(s) / paraprofessional(s), if necessary contact the school office for this information)

No.	Last Name, First Name MI	Position (Teacher /Parapro)	Subject taught
1			
2			
3			
4			
5			
6			
7			
8			
9			

Note:

- ❖ This notice is to request information on the teacher(s) and/or paraprofessional(s) qualifications that parents have a right to know under *NCLB*.
- ❖ Notification of a teacher's qualifications does not include the right to request that your child be reassigned to another classroom.
- ❖ Fax this form at **(202) 535-2483** to the attention of **Licensure and Highly Qualified Compliance Unit**

Parent/ Guardian's Signature: _____ Date: ____/____/____

Verification from School Office

I verify that the personnel named above is/was the teacher(s) and/or paraprofessional(s) for the stated student.

Print Name: _____ Signature: _____

Title: _____ Date: _____